New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

September-October 1985

Chief Residents' Service offers low-cost primary care

"The clinic gives residents a look at how medicine is practiced outside the hospital." — Anita Grassi, M.D.

At the Deaconess Chief Residents' Service clinic primary care medical services are available to hospital employees at no charge and to the general public for a minimal fee ($15 per visit). "We established the service several years ago both as an expansion of the hospital's outpatient activities and to give our residents more exposure to outpatient medicine," says Keith Marton, M.D., chief of General Medicine.

The clinic is staffed by medical residents under the direction of the chief residents and Allan Brett, M.D., clinic director. It is located on Baker 3 and uses the same facilities as the Employee Health Service, but its purpose is different.

Karen Bithell, R.N., nursing supervisor for both the clinic and the health service, says, "Employee Health has changed its care pattern and now handles only acute problems, job-related accidents and illnesses, and pre-employment physicals. The clinic, on the other hand, is able to provide continuing, primary care to any hospital employee. It's also a good community outreach, and we have many people from the outside who come here to take advantage of the high quality, low-cost services."

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Second-year resident Anita Grassi, M.D., checks employee Ruth Connell's blood pressure in the Chief Residents' Service clinic.

Barbara Hooker to lead School of Nursing

Barbara B. Hooker, R.N., M.S.

Barbara Brookes Hooker, R.N., M.S., has been appointed director of the New England Deaconess Hospital School of Nursing (SON). Hooker has managed the day-to-day operation of the school as associate director since 1980. In her new position she will have greater responsibility for long-range planning and policymaking for the school.

Hooker came to the Deaconess in 1958 as a staff nurse and has been on the SON faculty since 1961. She feels that the school's emphasis on clinical skills is one of its greatest strengths. "Our graduates tell us that, when they begin their first jobs, they feel comfortable in the clinical setting. We have added more theoretical material to our curriculum to keep up with the changes in nursing. Our graduates' success in attaining and maintaining good jobs, and the 100 percent pass rate they have achieved on state registration exams in recent years, show that they have had a sound background."

Other strengths Hooker notes include the school's skilled and diverse faculty and the facilities available in Audrey Kennedy Hall.

One of the biggest challenges facing the school, according to Hooker, is one that faces the entire nursing profession: "Nursing at any level — licensed, diploma, or baccalaureate — is not the source of interest for young people it used to be. It is demanding and requires a greater level of dedication than many people are willing to give. Everyone in nursing education realizes we have to work on attracting dedicated, caring people to the profession."

Ellen D. Howland, R.N., retiring director of Nursing who also directed the school for 29 years says, "Barbara has been intimately involved with curriculum development and all aspects of the school's programs during her 24 years on the faculty. She is committed to diploma education at the Deaconess and elsewhere, and has demonstrated her leadership on local and state committees and most recently by her involvement with national nursing accreditation programs."

"Nursing is changing," Hooker says, "and I firmly believe that we are meeting those changes within our diploma program. We have an excellent national reputation, which we have earned; and our record shows that we are graduating the kind of nurse that is needed in the profession today."

Hooker is a graduate of the University of Connecticut School of Nursing, and received her master's degree from Boston University. She is a member of the National League for Nursing (NLN), the Diploma Nurses Association, and the nursing honor society Sigma Theta Tau. She serves as a member of the executive committee of the NLN board of directors, as chairman of the NLN committee on accreditation, and as a consultant to the Diploma Schools of Nursing.

Stair walkers burn calories and save time

Deaconess employees took to the stairs in August to get more exercise and to relieve the "elevator crunch" resulting from the temporary closing of the Farr patient transport elevator.

"Stair walkers" (left to right) Jamie Pope, M.S., R.D., Dietetics; Steve Zinkowski, P.A., Surgical Services; and Ellen Barber, R.P.T., Physical Therapy, get some exercise while helping to relieve the "elevator crunch."

A campaign co-sponsored by Dietetics, Physical Therapy, and Building Services encouraged employees to burn calories by walking the stairs, instead of wasting time waiting for overloaded elevators.

"We were concerned that closing the patient elevator to install an automatic emergency system would worsen the already heavy demand on the regular elevators," says Joyce Tower, assistant director responsible for both Building Services and Dietary. "I recently had read about health promotion ideas other hospitals had tried, including climbing the stairs for exercise. We thought that it would be a way to take a positive approach to solving a problem."

Tower asked Jamie Pope, M.S., R.D., dietitian specialist in cardiology, to put together a program to encourage people to use the stairs, and Pope asked Kate Grimes, R.P.T., physical therapist, for assistance from her department with the exercise aspects of the program.

"We saw this as a good opportunity to encourage people to incorporate more activity into their daily routine and to promote exercise," says Pope.

A lobby display included information on calories, exercise tips, and a map showing all the hospital stairways, produced by Building Services which also paid for many of the campaign materials. In addition, the campaign challenged employees to sign a contract promising to take the stairs at least two flights up and two flights down every day. Everyone signing up received an "NEDH Stair Walker" button.

"We wanted to do more than just a lobby display that people would walk by, look at, and forget," Pope says, "so we came up with the idea of asking people to sign a contract to be 'stair walkers.' The response has been great, with more than 350 people signing the contract. People are talking about the campaign, and we can see that more people are taking the stairs. We're hoping to follow up this program with more health promotion activities for employees."

Annual Appeal funds essential equipment

The 1984-85 NEDH Annual Appeal, which concludes on September 30, has raised almost $220,000. The funds will be used to expand and upgrade the diagnostic capabilities of the cardiology laboratories. The 1985-86 appeal, beginning on October 1, has a goal of raising $250,000 towards the purchase of sophisticated equipment for the hospital's heart surgery suites.

As part of the 1985-86 Annual Appeal a new approach — The Deaconess Associates Program — will be introduced. Those contributing $2,500 or more annually will be designated Founding Associates; those giving $1,000 to $2,499 will be President Associates; and those contributing $500 to $999 will be Associates. All members of the program will receive information about developments at the hospital and be invited to special events and activities.

"The Annual Appeal is very important because, by helping to purchase essential equipment, it enables the Deaconess to continue providing excellent patient care," says Willoughby Walling, director of External Resources. "We're pleased with the results of this year's appeal, and we're excited about the impact of the Associates Program on next year's appeal. We hope that the Associates Program, in addition to recognizing those who have traditionally made leadership gifts to the hospital, will encourage others to contribute at higher levels."

For more information on the Annual Appeal and the Deaconess Associates Program, call External Resources at (617) 732-8020.

Chief Residents' Service

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Open from 1 to 4:00 p.m., Tuesdays through Thursdays, the clinic provides care for most types of adult medical problems. "We see an incredible variety of cases here — chronic liver diseases, diabetes, lung diseases, hypertension, and cardiac problems," says third-year resident Thomas Bartzokis, M.D. "We are able to give patients more time than would be possible in most outpatient clinics. A standard visit for a new patient is an hour, and follow-up visits are a half-hour. And we are backed up by some of the best physicians in the hospital."

Those assigned to the Chief Residents' Service — which is one of several outpatient experiences available to NEDH medical residents — keep their assignments throughout their residencies. As a result, clinic patients can see the same physician on their return visits. All of the hospital's facilities are available to clinic patients, and if they are hospitalized at the Deaconess, their clinic physicians will continue to follow their care under the supervision of full-time attending physicians. When necessary, referrals to specialists on the hospital staff are arranged.

Residents not assigned to the clinic also can refer patients, particularly for follow-up visits after a hospital stay. "This gives us and the patients an excellent opportunity for continuity of care," says second-year resident Gordon Jensen, M.D. "For example, today I saw a gentleman in the clinic that I had admitted to the hospital a month ago with a heart attack. He hadn't seen a doctor in years. I'm able to follow up with him and help continue his recovery."

Clinic nurse Ruth Doherty, L.P.N., says, "I used to work on Farr 9, and often we wouldn't see the patients after they went home. I like being able to watch their progress as outpatients in the clinic."

Brett hopes to increase the number of patients served by the clinic. "We have plenty of room to expand our volume without compromising the quality of care," he says. "Employee family members also can be cared for at the clinic at the regular $15 per visit fee, which may be covered by their medical insurance."

Ruth Connell, a cook on the Farr 11 dietary team, was referred to the clinic when she came to the Deaconess two years ago. "I had a lot of physical problems, including excess weight and high blood pressure," she says. "I was assigned a wonderful young doctor — Dr. Susan Kroop — and she was just what I needed. Through her guidance I lost 20 pounds, stopped smoking, and have better control of my other problems."

For the past year, Connell has been cared for by Anita Grassi, M.D., now a second-year resident. Grassi says, "The clinic gives residents a look at how medicine is practiced outside the hospital — the way we eventually will be practicing. I like having patients that work here, that I might just see around the hospital. It's like having your own community of patients."

Connell says, "I've been handled with such dignity, caring, and warmth here. It's great to know you can get the care you need right where you work."

NEDH bids farewell to Howland and Preston at July reception

"I don't know any other institution that has the kind of leadership team we've had in nursing and nursing service," said hospital Director Richard E. Lee to some of the more than 1,000 people who attended a July 9 reception for Ellen Howland, R.N., and Lois Preston, R.N. Both women retired this summer, Howland as director of Nursing after 43 years at the Deaconess, and Preston as associate director of Nursing Service with 44 years of service.

Lois Preston, R.N. (left), and Ellen Howland, R.N., open gifts presented by Jack Kilkelly, director of Personnel (left), and Merle Legg, M.D., chairman of Pathology.

Merle Legg, M.D., chairman of Pathology, spoke on behalf of the medical staff saying, "I've depended on these two remarkable women for all of my professional career at the Deaconess. They both understand the unique character of nursing. It is the interface of medical care, where science and warm personal care combine to return patients to health."

Chairman of the Board of Trustees Marvin G. Schorr announced that Howland had been named Director Emeritus of the School of Nursing, and Laurens MacLure, hospital president, presented her with a framed photograph and signature of Florence Nightingale.

Lee gave 40-year service award pins — the first ever given by the hospital — to both women, and announced the establishment of an annual nursing seminar in Preston's honor. She also received a silver and crystal gift set from Robert D. Lowry, retired executive vice president.

Muriel Bayne, R.N., and Karen Morano, R.N., both staff nurses, presented gifts of flowers on behalf of the nursing staff and past and present nursing students.

Lois Preston greets a guest at the retirement reception honoring her and Ellen Howland.

In thanking her friends and colleagues, Preston said, "The hospital has given me an awful lot, and I know I'm going to miss everyone."

"When I first arrived at the hospital on a snowy day in 1939," Howland said, "Dr. Warren Cook, who was superintendent of the hospital, said to my parents, 'Don't worry, we'll take care of her.' It is obvious that Deaconess has taken care of me. In many ways we really will never leave the Deaconess."

Deaconess to begin experimental pancreas transplant program

On June 27, the Massachusetts Department of Public Health paved the way for the Deaconess to become one of only six centers in the country to perform pancreas transplants. NEDH's program is an experimental effort to study the best method of pancreatic transplantation, while offering a promising treatment option to qualifying diabetic patients.

Unlike heart or liver transplantation, pancreas transplantation is not a life-saving procedure, but remains the only known "cure" for diabetes. The pancreas houses the islet cells, which are responsible for the production of insulin, a hormone regulating the level of sugar in the blood. People with Type I (insulin-dependent) diabetes lack functional islet cells, necessitating daily or twice daily insulin injections.

Anthony Monaco, M.D., chief of the division of organ transplantation, says, "Pancreas transplantation is a quality-of-life procedure. The theory is that if one can transplant the pancreas and cure diabetes, one potentially can protect the patient from developing related problems with the eyes, kidneys, and heart."

Recipients will be selected by a pancreas transplant screening committee, composed of representatives from nephrology, neurology, ophthalmology, psychiatry, social service, and transplant surgery. Those eligible to receive the transplant are 18- to 45-year-old, Type I diabetics who previously have had a kidney transplant and thus already are receiving immunosuppressive therapy. They also must be judged either to have or to be at risk for one specific complication of the disease — such as eye or kidney problems — which would be potentially reversible or preventable with a transplant.

The program's clinical focus will be on whole-organ grafts, while basic research efforts — in conjunction with Joslin Diabetes Center — will consider the potential benefits of islet cell transplants.

Assistant Director Paul Babcock says, "The pancreas transplantation program exemplifies our longstanding commitment to providing the best possible care to patients with diabetes, and it strengthens the programs we have with the Joslin Diabetes Center which also help us achieve that goal."

Pancreas transplants have been performed in this country since the 1960's. The one-year success rate for the operation is 50 to 60 percent. If the transplanted pancreas should fail, the patient usually just resumes the daily insulin regimen.

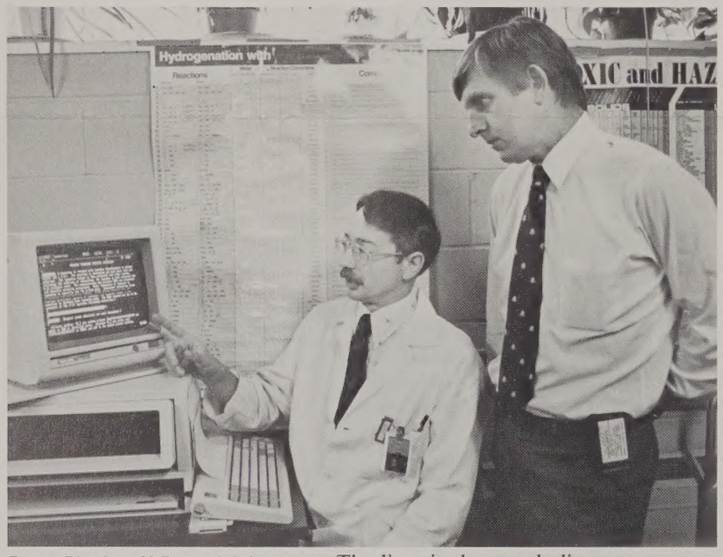
Surgeon Richard Rohrer, M.D., a member of the pancreas transplant group, says, "Although the transplant success rates are sporadic and the procedure is considered experimental, people at other centers who have had the operation say it's a wonderful experience to be free from daily insulin injections — even if it is only for a short time."

Clowes, Bistrian receive prominent liver research grants

Two Deaconess physicians recently received research funding from the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases. George H.A. Clowes Jr., M.D., director of the surgical metabolism lab, was awarded a three-year grant — totalling approximately $300,000 — for his study "Liver Failure and Transplantation: Amino Acid Metabolism." Bruce R. Bistrian, M.D., Department of Medicine, has a four-year grant at $50,000 to $60,000 per year to focus on "Kinetic Estimates of Function in Liver Transplantation." Bistrian's co-investigators are Peter Benotti, M.D., Albert Bothe Jr., M.D., and Roger Jenkins, M.D, of the Department of Surgery.

Better liver function test is goal

"We're interested in getting more detail to identify which patients would most benefit from a liver transplant," says Bistrian. "We're hoping to devise one very sensitive liver function test to estimate more accurately the severity of liver impairment in transplant candidates. We'd also like more information on liver disease in general, since it is such a common diagnosis in this country."



Bruce Bistrian, M.D., and John Palombo, research supervisor in the nutrition/metabolism lab, review the newly-developed method for measuring levels of the amino acid tyrosine to determine liver function.

The liver is the metabolic powerhouse of the body. Proteins are manufactured; carbohydrates are converted to glycogen for storage; and fat is stored and released for use. In addition, the liver produces bile, which is necessary for digestion; it regulates blood clotting; and it helps remove toxic substances from the blood stream.

Bistrian says, "If liver function is reduced to 10 percent of normal, it can't do all of these things well. So it will set different priorities, cutting some functions by 99 percent while almost completely preserving others. Standard liver function tests generally don't tell us by how much each different function is affected."

Current liver function tests measure static levels of protein metabolism — like the level of bilirubin or albumin in the blood at a certain time — and decisions for treatment are made through subjective interpretation of these results. Bistrian seeks a more sensitive test, one that provides a "dynamic" estimate of the rate at which protein is metabolized.

Amino acids used in dynamic estimates

Bistrian and his colleagues use amino acid tracer studies to determine the dynamic estimates. Radioactive and non-radioactive isotopes are injected intravenously with a feeding solution as part of the amino acid intake process. For example, phenylalanine, an essential (not manufactured by the body) amino acid, and tyrosine, a non-essential acid, are infused as tracers. Normally, the liver converts phenylalanine into tyrosine. By measuring the amount of tyrosine in the blood, one can determine this rate of conversion and thus get a dynamic estimate of liver function.

Bistrian says, "We're using amino acids to estimate what's happening in body protein because amino acids are a component of protein. It allows us to look at something that's independently changed in the disease state. We really want to improve our ability to decide who should get a transplant, when they should get it, and to determine how successful a transplant has been."

Protein synthesis key to recovery

Clowes's study — which looks at amino acid metabolism — further develops work he began several years ago. It is designed to give physicians a better idea of who can be expected to do well after a liver transplant.

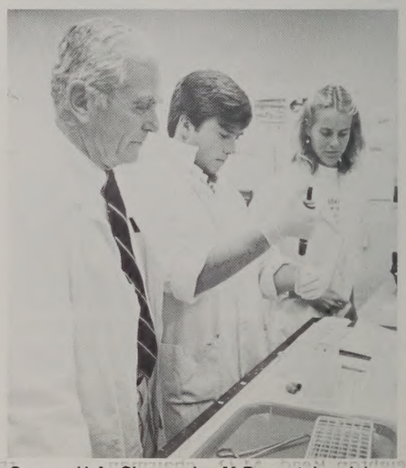
Says Clowes, "Everything the body does for defense against infection, repair of wounds, and maintenance of the cellular structure of organs is dependent on protein synthesis. We've found that protein synthesis in a sick patient increases to three to five times the normal rate."

Amino acids "clear" or flow from the muscle to the central tissues (liver, bone marrow, lymph nodes, spleen), making the proteins required for proper functioning of the immunological system. Clowes has found that healthy people clear 40 cc. of protein per minute. In a sick patient, the clearance rate is much higher, demonstrating the body's attempt to "beef up" the immune system to ward off illness or infection. Patients with liver disease who clear more than 150 cc. per minute are likely to do well; as the clearance rate goes down below 120, so does the probability of survival from a surgical operation.

"When we consider doing a liver transplant for patients with poor liver function, we look at these levels of amino acid clearance to predict which patients need extra-close attention. The candidates we transplant usually have very low clearance levels of only 50 to 60 cc.," says Clowes.

Substance provides important link

Recently, Clowes and his associates discovered a circulating substance in the blood, a hormone-like agent called proteolysis inducing factor (PIF). PIF is a small fragment of the Interleukin-1 molecule made by white blood cells, the major components of the immune system. PIF is present in small amounts in most healthy people, and in larger amounts in sick people with inflammation of any kind.



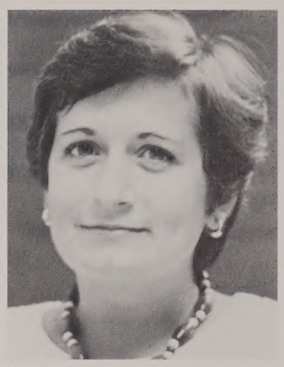
George H.A. Clowes Jr., M.D., watches lab technicians Mark Dacey and Leanne Eberly prepare media to be tested for the presence of PIF, an important substance for protein synthesis.

PIF both "turns on" the breakdown of muscles to furnish amino acids and stimulates protein synthesis in the liver and other tissues such as bone marrow, spleen, and lymph nodes. Clowes says, "PIF is the link between the immunological system and the metabolic responses in the body."

Clowes's current research attempts to learn more about the action of PIF in people with damaged livers — including those who need liver transplants — and to find out what happens once they have recovered. The study has three purposes: to find out how PIF is related to liver failure; to study the liver's metabolic capacity to make proteins; and to simulate the PIF pattern in the laboratory in an effort to find underlying causes for liver disease. One theory is that some toxic agent activates certain cells within the liver and stimulates an inflammatory response, which ultimately may destroy the liver.

Says Clowes, "Our hope is that this study will give us a more accurate guide as to how well the liver is working. In the future, we may determine the causes of cirrhosis and improve treatment by removing the stimuli that cause these problems to occur."

Mastrangelo appointed budget manager



Maria Mastrangelo

Maria Mastrangelo has been named NEDH budget manager. Overseeing a staff of four, she will be responsible for the operating and capital budgets of the hospital and other NEDH Corp. subsidiaries.

Mastrangelo and her staff will work closely with the Reimbursement Department to prepare budgets based on the state's probable entry into the Medicare Prospective Payment System (PPS) this fall.

Previously at Blue Cross of Massachusetts, where she was responsible for budgeting and cost accounting for corporate and government contracts, Mastrangelo looks forward to learning more about the hospital side of health care. "I'm particularly interested to be at a teaching hospital, where we have the newest technology and innovations.

"In the coming months," she says, "we're going to have to try and meet the budget needs of everyone in the hospital — to maintain the Deaconess's level of quality and service — while keeping in line with new regulations. That's going to be a challenge. We're going to have to look at things differently and come up with alternatives."

Prior to joining Blue Cross, Mastrangelo was with Commercial Union Life Insurance Company. She is a graduate of Suffolk University.

NEDH prepares for Prospective Payment System

As reported in the July-August PULSE, the Deaconess is preparing for the probable entry of Massachusetts hospitals into the Medicare Prospective Payment System (PPS) this fall. Under PPS, hospitals are reimbursed for the costs of caring for Medicare patients according to 469 Diagnosis Related Groups (DRGs) into which patients are classified.

Although Massachusetts hospitals have been operating under the cost-containment restrictions of Chapter 372 for the past three years, PPS will provide even stronger incentives to shorten length of stay and reduce the use of ancillary services for Medicare patients, who make up 40 percent of the hospital's patient population.

Reimbursement based on diagnosis

Leighton Read, M.D., chairman of the education task force of the hospital's DRG committee, says, "Hospitals will be reimbursed by Medicare on a per stay, rather than a per day, basis. That means that a hospital gets a fixed amount of money based on the patient's particular diagnosis. It doesn't matter how many days the patient stays or how many x-rays or lab tests are used; the amount the hospital receives from Medicare will be the same."

Physicians will have a major responsibility in helping hospitals control costs under PPS, because they make most of the decisions about length of stay, the ordering of tests, and how hospital resources are used. Read says, "One of the things doctors can do is improve planning of elective admissions. Preadmission testing can help a great deal, and if certain procedures require scheduling several days in advance, physicians should order them before the patient is admitted, rather than on the day of admission. Discharge planning should also start earlier and be done more efficiently."

Physicians also will need to plan diagnostic strategies carefully. "Doctors sometimes order more tests than they need to, either out of habit or from lack of careful thinking," Read says. "But being too sparing — ordering only one test at a time — could stretch out length of stay if additional tests are needed. Sometimes it makes sense to do a number of tests simultaneously on the first day, get a quick answer, and help the patient get home sooner."

Documentation is crucial

Accurate documentation of the patient's diagnosis and the procedures performed will be essential, since it will determine the amount of reimbursement. "Forgetting to mention that a patient had a pre-existing condition — for example if a patient admitted for a gall bladder operation also has diabetes — could cost the hospital thousands of dollars," Read says.

Other patient care personnel will have important roles to play in helping deal with the pressures applied by PPS. Read says, "Nurses can help by using supplies conservatively and by wise use of a critical hospital resource — their time. And they can figure out ways that the hospital can help them be more efficient through streamlined procedures, the use of computers, and other services.

"People in the labs can make sure their patient scheduling is as tight as possible, so patients don't wait an extra day for a test that could be done earlier. Of course the lab people can't plan for a test before it's ordered. Good communication is really crucial. ODISY, the hospital's excellent information system, can become even better to support our response to DRGs," Read says.

One probable response to PPS will be that hospitals will tend to specialize in those procedures they do especially well. "It may very well happen that we will get out of the business of providing certain services and that the slack will be picked up by other hospitals that can provide them more efficiently," says Read.

Concerns about quality

The impending introduction of PPS has raised concerns about the quality of care for Medicare patients. Read says,"The effect of PPS on quality of care is totally dependent on how a hospital and its physicians choose to respond to the new incentives. Many people would argue that unnecessary tests and services are not good health care. Those making decisions about care must realize that the hospital doesn't have to break even on every patient or on every DRG, only on the aggregate of our entire patient care experience.

"I firmly believe there are lots of ways this hospital can be more efficient, not only with no decrease in quality of care but with an improvement, because of less waiting time and avoidance of unnecessary test-related discomfort to patients," Read says. "But it's going to be everyone's job to make sure that we don't — in the name of efficiency — sacrifice something that's important to this hospital. The Deaconess is a special hospital, compared to our neighbors. Since we will be forced to change many of the ways we do things, we must identify the most important ways that we are special, the things we want to preserve."

"Physicians will have a major responsibility in helping hospitals control costs under PPS." — Leighton Read, M.D.

Task force plans educational efforts

The education task force of the DRG committee is planning a number of programs to help hospital staff understand how the Medicare PPS system will effect them and their patients.

A DRG handbook will be available as a guide to general and specific aspects of DRG implementation at the Deaconess. Although physicians are a primary audience, it contains information applicable to many departments.

Rounds, meetings, and conferences addressing the issues raised by PPS will be scheduled in many departments throughout the coming months.

"DRG Specialists" have been designated in most departments. These people will have three primary responsibilities: to learn about DRGs and teach the fundamental issues to their colleagues; to serve as resource people, answering questions and bringing concerns to the attention of the hospital administration; to stimulate the development of new ideas for responding to the pressures created by PPS.

Ventilator improves quality of life for emphysema patients

"Before I had the ventilator, there were times when I wondered where my next breath was coming from." — Charles Perley.

A Deaconess study is looking at how a new style of mechanical ventilator, operating on the same principle as the iron lung, may help improve the quality of life for patients with severe emphysema. The device, called a negative pressure ventilator, is being used in a two-year study that began in the spring.

People with emphysema have difficulty breathing because small air sacs in their lungs have been destroyed, usually as a result of smoking. Severe emphysema, characterized by shortness of breath at the slightest exertion, is the country's second most important cause of disability. Emphysema patients may become house-bound because of their disease and often have repeated hospitalizations.

The ventilator consists of a lightweight, jacket-like garment attached to a machine that is "like a big vacuum cleaner," says Joseph Zibrak, M.D., pulmonary specialist and director of the study. The machine generates intermittent suction to inflate the wearer's lungs, similar to the action of an iron lung.

The ventilator can be used at home and is worn when the patient is relaxing or sleeping to give breathing muscles a rest. This allows the muscles to regain lost strength and to function better when the ventilator is not worn.

Zibrak says, "A pilot study of this type of therapy, conducted at Columbia/Presbyterian Hospital in New York, used iron lungs and had very positive results. But participants had to come into the hospital to sleep in the iron lungs every night. A colleague of mine, Dr. Nicholas Hill from New England Medical Center, has been using the negative pressure ventilator in the homes of patients whose breathing problems are the result of neuromuscular diseases, such as muscular dystrophy. We realized that it might be possible to extend this therapy to emphysema patients and take the New York program a step further by using a portable machine in the home."

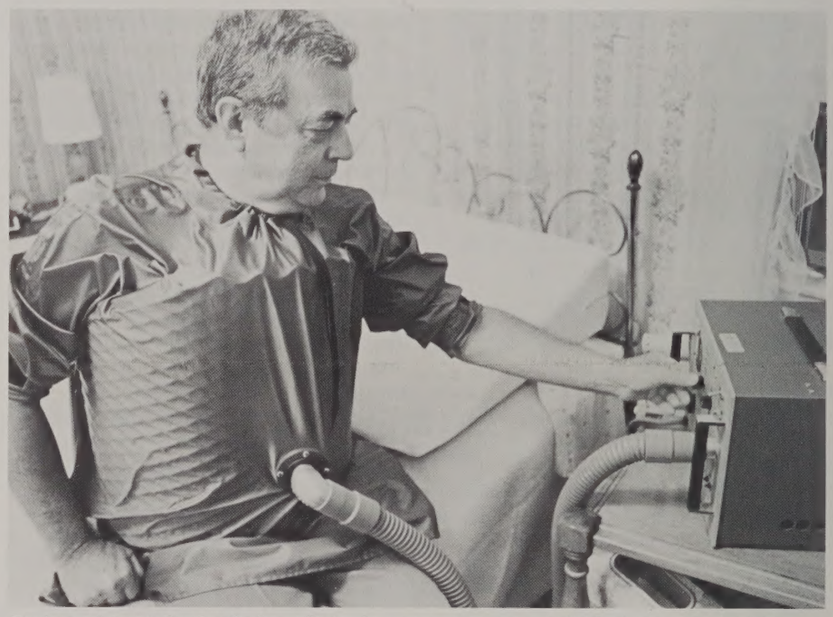
Patients chosen for the study, which eventually will enroll up to 50 people, are given ventilators to use in their homes and receive special instruction and assistance from home health care specialists.

One study participant is Charles Perley, who was diagnosed with emphysema in 1967. He spends several hours each day — early in the morning, in the afternoon, after supper, and when he first goes to bed at night — connected to the machine in his bedroom. "Before I had the ventilator," he says, "there were times when I wondered where my next breath was coming from. Now I know help is just a few steps away. It's very reassuring."

Perley says that, after about two months in the program, he continues to improve. "I still move pretty slowly, but I'm able to get around more comfortably. The ventilator also has relieved chest pain I used to get when I lay on my side or bent over."

Other study participants who previously had to stay in the hospital are able to be at home with their families because of the ventilator.

Zibrak says, "The really exciting thing about this program is that, previously, there was very little we could do to help severe emphysema patients. These are people who become short of breath just moving from their bed to a chair. With this therapy, they're able to climb stairs, to take a walk outside, or to go shopping. It's really making a difference."



Study participant Charles Perley adjusts the pressure on the mechanical component of the negative pressure ventilator. Intermittent suction generated in the garment he is wearing helps expand and contract his lungs.

Deaconess to receive satellite television programming

New England Deaconess Hospital has joined the Hospital Satellite Network (HSN), a system serving 200 major hospitals nationwide. HSN provides news and educational programming for health care professionals, as well as information and entertainment for hospital patients.

Scheduled for installation this fall, HSN will be accessible by any television hooked up to the hospital's in-house television system. Programming includes regular news and updates for physicians, nurses, administrators, and allied health professionals, as well as continuing education programs that will be accredited either through the hospital or through the University of California at Los Angeles.

Wayne Weiner, D.Ed., manager of Training, says, "We will be able to videotape many of the HSN programs and build a library of video cassettes."

Also available through HSN will be videoconferences on a variety of subjects. The Deaconess will be the exclusive Boston site for 12 American Hospital Association videoconferences during the coming year. The hospital also will be able to create its own educational programs for broadcast either within the hospital or throughout the entire HSN system.

Patient programming will include information on health care and hospitalization as well as current and classic movies — two shown each day — chosen for their positive qualities. HSN will be a regular part of the hospital's television service, at no extra cost to patients.

Schedules for professional programs will be sent to department heads every month, and information on continuing education programs will be available from Training.

Quick thinking helps save a life

Saving lives is the business of a hospital. Physicians, nurses, and other patient care personnel deal with medical emergencies every day. Sometimes, however, a non-medical employee plays a part in bringing a patient through a life-threatening situation.

Quensella Cooper, evening unit manager in the Service Coordination Department, was taking a break in the Farr lobby one evening recently when she heard a commotion out in the street. "It sounded like there were kids outside making a lot of noise, so I went out to ask them to be quiet," she says. "Instead I saw a woman standing by a car and screaming. There was a man in the back seat of the car with his head back."

Cooper was going to tell the woman to drive the car around the corner to the ambulance entrance, but she realized that the woman could not speak English and that the man was unconscious, apparently not breathing. She rushed back into the lobby, got a wheelchair, and asked the secretary at the front desk to notify the Triage Unit. With the help of a security guard, Cooper got the man out of the car and into the chair.

"He wasn't moving and there was no sign of life," she says. "I ran with the chair down toward Triage. I remember checking for a pulse and thinking that there wasn't any, so I just kept running."

A team from the Triage Unit met Cooper and began emergency procedures. They succeeded in resuscitating the patient, who was then moved to an Intensive Care Unit. He eventually recovered after a stay in the Progressive Cardiac Unit, and went home.

Cooper had received first aid training when she started at the Deaconess as a nursing assistant on Farr 7, but since joining Service Coordination five years ago, she had not been confronted with a patient care emergency.

"It seemed like it all came back to me," she says. "When I saw him in the car, I knew he needed help right away."

Fast action by Quensella Cooper, Service Coordination, helped save a patient's life.

NEDH in the news

Deaconess personnel in the news during the past several months include:

- Kerry Bloomingdale, M.D., psychiatrist, spoke on electroconvulsive therapy for depressed patients on Channel 7's "Morning Live."
- George S. Eisenbarth, M.D., endocrinologist, appeared on NBC's "Today" show to discuss the development of an antibody screening test to identify people at risk for diabetes.
- Michael Greenwald, M.D., dermatologist, spoke on skin cancer on Channel 5's "Good Day" show. He also discussed cosmetics on Channel 7's "Morning Live" and the consumer segment of the Channel 7 evening news.
- Jerome Groopman, M.D., chief of hematology/oncology, appeared on the "CBS Morning News" to discuss recent developments in AIDS research. He also was part of a program on AIDS on Channel 5's "Chronicle" and discussed the blood test for antibody to the HTLV-III virus on the Channel 4 evening news.
- Joan Kinniburgh, R.N., clinical research associate, was interviewed regarding her work with AIDS patients for the Channel 4 evening news.
- Joseph Zibrak, M.D., pulmonary medicine, appeared on the Channel 4 evening news to discuss the negative pressure ventilator study.

Alumnae reunion registration

The 17th annual reunion of the NEDH School of Nursing Alumnae Association will be held on Saturday, October 19, at Audrey Kennedy Hall, One Autumn Street, Boston. Parking will be available at a cost of $1 in the Pilgrim Road garage opposite Kennedy Hall.

Coffee and registration will begin at 8:30 a.m., and the business meeting will start at 9:45 in the auditorium. The program, to be announced later, will begin at 10:30 and be followed by luncheon in the NEDH cafeteria at 1:15 p.m.

Advance registration is required. Please complete the attached form and send it, along with your $10.00 donation, by October 11.

Alumnae Reunion Day
October 19, 1985

Send to: Mrs. Donald Redding, 40 Mt. Vernon Street, North Reading, Massachusetts 01864. Deadline: October 11.

Name_____
(please include maiden name)

Class _____

_____ I plan to attend and am enclosing my check for $10.

Please make checks payable to Alumnae Association, School of Nursing, New England Deaconess Hospital.

Moving? We'd like to know

Because the post office does not forward third-class mail, we need your help in keeping the PULSE list accurate. If you are moving, please inform the NEDH Public Relations Department, 185 Pilgrim Road, Boston, Massachusetts 02215, (617) 732-8046. It would be helpful if you could send your PULSE address label. NEDH employees should inform their supervisors of changes of address.

news in brief

Charles F. Arkin, M.D., chief of clinical pathology, was co-chairman of a program on laboratory control of oral anticoagulant therapy at the 1985 College of American Pathologists Conference on Coagulation.

Richard Baptista, M.S., R.Ph., director of Deaconess Home Health Care Corp., was program coordinator for a course series on intravenous therapy in the hospital and home sponsored by the Massachusetts College of Pharmacy and Allied Health Science, where he recently was promoted to associate professor of pharmacy. He also participated in a discussion of automated nutrition compounding at the annual meeting of the American Society of Hospital Pharmacists.

Wendy Beals, assistant director, recently was admitted to the American College of Hospital Administrators.

Allan S. Brett, M.D., internist, has joined the general medicine section of the Department of Medicine.

Pathology residents **Carolyn Claar-Kitchell, M.D.; Frank Greco, M.D., Ph.D.;** and **Jeffrey Medeiros, M.D.,** each received a young investigator's award from the Academy of Clinical Physicians and Scientists, in recognition of work presented in conjunction with **Benjamin Gerson, M.D.,** director of clinical chemistry and diagnostic immunology.

Dorothy V. Freeman, M.D., general/vascular surgeon, has joined the Department of Surgery.

Gary Gibbons, M.D., vascular surgeon, spoke on vascular surgery in diabetes and management of the diabetic foot at the Second International Vascular Symposium at the School of Medicine, State University of New York at Stony Brook.

Steven R. Goldring, M.D., chief of rheumatology, was elected to the medical and scientific committee of the Massachusetts chapter of the Arthritis Foundation. He also spoke on the formation of synovial-like membrane after total hip replacement to the American Rheumatism Association.

Ann Gough, R.N., instructor in Nursing, School of Nursing (SON), wrote a chapter on assessment of the neurological system for the *Manual of Health Assessment.*

Jack Hawiger, M.D., Ph.D., chief of experimental medicine, chaired a session on platelet receptors at the Gordon Research Conference on Hemostasis and was elected vice-chairman of the conference for 1986 and chairman for 1987. He also received the Edward Kowalski Award and the Investigator Recognition Award at the International Congress on Thrombosis and Hemostasis. Hawiger recently has spoken to the annual meeting of the National Blood Club, to the Cardeza Foundation for Hematologic Research at Jefferson Medical College, and at a public meeting sponsored by the advisory council of the National Heart, Lung, and Blood Institute.

Barbara B. Hooker R.N., M.S., director, SON, was elected to the executive committee of the board of directors, National League for Nursing, and reelected as chairman of the League's committee on accreditation.

William A. Jensen, M.D., pulmonary medicine, has joined the Department of Medicine.

Paul W. Kasulis, research associate in Radiology, received a third place award for a paper on SPECT imaging presented at the annual meeting of the Society of Nuclear Medicine.

Robert S. Lees, M.D., chief of peripheral vascular disease, spoke on evaluation of atherosclerotic lesions and nuclear magnetic resonance imaging of atherosclerotic lesions at the Gordon Research Conference.

John A. Libertino, M.D., urologist, and **Elton Watkins Jr., M.D.,** surgeon, spoke on the use and regulation of surgical lasers to the Third International Laser Symposium.

Donald G. Miller, M.D., chief of nephrology, spoke on nutritional support in renal failure at North Shore University Hospital in Manhasset, New York.

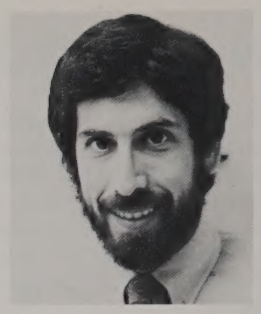
Anthony P. Monaco, M.D., chief of organ transplantation, was appointed to a three-year term as chairman of the Clinical Sciences Study Section of the National Institutes of Health. Monaco also spoke on induction of immunological unresponsiveness to organ transplants at the annual meeting of the American Society of Transplant Surgeons, where he was inducted as president of the society.

Mary M. O'Donoghue, M.D., internist, has joined the Department of Medicine.

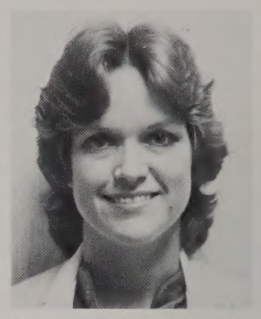
Kathryn Osmond, coordinator of admissions and financial aid, SON, was recognized for her outstanding service and contributions by the Massachusetts Association of Student Financial Aid Administrators.

Michael M. Wick, M.D., Ph.D., dermatologist, chaired an international meeting on disorders of pigmentation at the University of Tokyo, Japan.

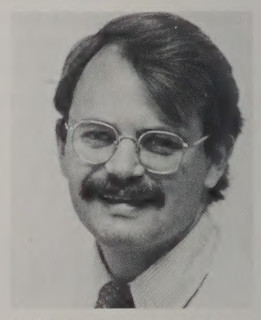
Barbara C. Wolf, M.D., anatomic pathologist, has joined the Department of Pathology.



Allan S. Brett, M.D.



Dorothy V. Freeman, M.D.



William A. Jensen, M.D.

Mary M. O'Donoghue, M.D.

NEDH honors Howland and Preston (see page 3)

Ellen Howland, R.N., receives citation naming her Director Emeritus, of the School of Nursing.

pulse

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